

New study combats depression in carers

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Psychologists from the University of Exeter are trialling an innovative new type of support to help relatives and friends who care for stroke survivors – with studies showing that currently one in three become depressed or suffer other mental health problems.

Approximately 152,000 people suffer a stroke each year in the UK and between 2011-2012 there were almost 4,000 emergency stroke admissions across Devon, Cornwall, Somerset and Dorset.

Many survivors will need care from a relative or friend, but providing this help places the carer at a greater risk of poor mental and physical health, whilst also taking away employment and social opportunities.

Carers often do not seek support because they feel guilty or are afraid the person they care for will be taken away. Other barriers include a lack of time, energy and financial restraints.

Joanne Woodford and Dr Paul Farrand, from the University of Exeter's Mood Disorders Centre, have developed the new type of support based on Cognitive Behavioural Therapy, which will be delivered in the form of written material with additional visits or telephone calls from NHS workers known as 'Psychological Wellbeing Practitioners' who will act like personal trainers or coaches. The study has been funded by the Dunhill Medical Trust.

It is hoped that developing the support in this way and making delivery more flexible will help to overcome the difficulties carers have in accessing such support, sometimes as a consequence of the carer role they are undertaking.

The researchers are keen to recruit more relatives and carers to take part in the study, which is being trialled in Cornwall and Dorset.

Joanne Woodford, a PhD researcher from the University of Exeter, said: "People who care for loved ones who have had a stroke are three times more likely to suffer from depression than the general population. There is existing support out there, but much of it does not take into account the unique difficulties faced by these carers and can therefore be hard to

access. There often isn't the time or money to go to a help group and there is a great deal of fear and stigma attached, with carers afraid that by seeking help it will seem that they are unable to cope."

"We have developed this new package of support to fit into existing NHS practices and with the possibility of it being delivered over the phone as well as through visits, whichever is the preferred option for the carer. It's a very important area and we would like to hear from more carers in Cornwall and Dorset who would like to be part of the study."

CASE STUDY:

One carer from Exeter in her late 50s started to look after her partner three years ago after he suffered a stroke. She had to give up her job in order to care for him full time. She shared her story with the research group as part of a lived experience steering committee.

She said: "My partner was under 60 and it was not anything we could have anticipated. One is suddenly thrown into a different world. The first anguished weeks were a blur of medical staff and benefit forms. The following months were a litany of medical examinations lest he not really be 'eligible' for financial help.

"His physical disabilities leave him weak on the right hand side but we could cope with this. The brain damage is another matter. His emotional lability means tears are often not far away and there are no holds barred on speaking the mind, so life outside the home can be embarrassing. I have had to warn neighbours lest he offend someone. There are glimpses of our old life – the odd laugh, enjoyment of a film or TV drama, daily chores shared again, but these are sprinkled with anguish at how my hopes for the future have been crushed. I am locked into a sedentary life with a stranger."

As well as aiming to help those taking part with their depression, the information the team gain from the study will help them to better support future carers of [stroke survivors](#).

Provided by University of Exeter

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